

State Health Planning and Development Agency
1177 Alakea St. #402 Honolulu, Hawaii 96813

Phone: 808-587-0852 FAX: 808-587-0783 Email: survey@shpda.org Web: www.shpda.org

MRI Utilization Report

For the Period of January 1 to December 31, 2001

Facility Name:		Phone:	
Completed by:		FAX:	
(signature)			
(print/type name)		Email:	
(title)			

Account for all MRI equipment in your facility. Account for all MRI procedures in your facility.

Part A. MRI Unit(s)

Make/Model/Tesla (include upgrades)	Month/Year Acquired	Years of Useful Life Remaining	Cost of Purchase or Upgrade	Total Hours Operated During the Period	Total Hours Downtime During the Period

Part B. Charges and Utilization

Average Professional Charge (A)	Average Technical Charge (B)	Total Number of MRI Procedures Completed (C)	Total Number of MRI Sequences Completed (D)	Total Number of Negative Scans (E)

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Part C. Patient Origin and Type

Patients Seen From (Patient Origin)	Total Number of Inpatients	Total Number of Outpatients
O`ahu		
Hawai'i		
Kaua'i		
Maui		
Lana'i		
Moloka'i		
Other		
Unknown/Missing		

Part D. Financial Statements

Please submit a copy of your Income Statement, and Statement of Revenues and Expenses for the corresponding period.

Part E. Fee Schedules

Please submit a copy of your current fee schedules.

Please return your completed survey form, file or diskette by March 31, 2002 to:

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Honolulu, HI 96813

or you may FAX your survey to SHPDA-MRI Survey at 587-0783

or you may Email your survey to survey@shpda.org

If you have any questions please call: Ken Yoshida at 587-0852 or 587-0788

Please note that this survey form may be altered after initial responses are reviewed to better suit the needs of the agency and to better facilitate the recordkeeping requirements of the providers.

Thank you for completing this MRI Survey.